

TITLE
(USE ALL CAPITAL LETTERS)ADVANCED ULTRASONIC DIAGNOSIS OF
EXTREMITY TRAUMA: THE FASTER EXAMSource of Acquisition
NASA Johnson Space Center

AUTHORS & INSTITUTION

SA Dulchavsky, MD, PhD[†]; SE Henry, MD[†]; BR Moed, MD[†]; LN Diebel, MD[†]; T Marshburn, MD[‡]; DR Hamilton, MD, PhD[‡]; J Logan MD[‡]; AW Kirkpatrick, MD[‡]; DR Williams, MD[‡]; [†]Wayne State University, Detroit, MI; [‡]NASA Johnson Space Center, Houston, TX; [§]Wyle Laboratories, Houston, TX; [¶]Vancouver General Hosp., Vancouver, BC

CHECK APPROPRIATE BOX

Do you want your abstract
to be considered for:

- ☐ Oral presentation only
☐ Poster presentation only
☒ Both oral and poster

CHECK ONE APPROPRIATE
CATEGORY

- ☒ Extremity fractures, Hand (1)
☐ Soft Tissue, Eye, Head & Neck (2)
☐ Thoracic (3)
☐ Abdominal (4)
☐ Vascular (5)
☐ Genitourinary (6)
☐ Neurological (7)
☐ Education (8)
☐ Prevention/Epidemiology (9)
☐ Trauma Systems (10)
☐ Socioeconomic, Ethics (11)
☐ Guidelines/Guidelines (12)

CRITICAL CARE

- ☐ Infection & Sepsis (13)
☐ Shock/Transfusions (14)
☐ Cardiorespiratory (15)
☐ Nutrition/GI (16)
☐ Burns (17)

FIRST NAMED AUTHOR IS:

- ☒ AAST Fellow
☐ AAST New Member
☐ Post-Resident Fellow
☐ Resident
☐ Medical Student
☐ Non-AAST Member
 with AAST Co-Author/Sponsor

ADDRESS
CORRESPONDENCE TO:

Scott A. Dulchavsky, M.D., Ph.D.

Wayne State University

Dept. of Surgery
4201 St. AntoineName
Detroit,

MI

48201

Institution

(313) 745-1350

Complete mailing address
(313) 745-2965

City

State

Zip Code

Phone

Fax

e-mail address

ABSTRACTS MUST CONFORM TO INSTRUCTIONS ON BACK SIDE OF THIS FORM

Introduction: Ultrasound is of proven accuracy in abdominal and thoracic trauma and may be useful to diagnose extremity injury in situations where radiography is not available such as military and space applications. We prospectively evaluated the utility of extremity ultrasound performed by trained, non-physician personnel in patients with extremity trauma to simulate remote aerospace or military applications.

Methods: Patients with extremity trauma were identified by history, physical examination, and radiographic studies. Ultrasound examination was performed bilaterally by non-physician personnel with a portable ultrasound device using a 10-5 MHz linear probe. Images were video-recorded for later analysis against radiography by Fisher's exact test.

Results: There were 158 examinations performed in 95 patients.

	Forearm/Humerus	Tibia/Fibula	Femur	Hand/Foot	Soft-Tissue
True (+)	12	15	5	4	9
True (-)	22	18	20	25	18
False (+)	0	0	0	0	0
False (-)	1	3	1	4	1

The average time of examination was 4 minutes. Ultrasound accurately diagnosed extremity injury in 94% of patients with no false positive exams; accuracy was greater in mid-shaft locations and least in the metacarpal/metatarsals. Soft tissue/tendon injury was readily visualized.

Conclusions: Extremity ultrasound can be performed quickly and accurately by non-physician personnel with excellent accuracy. Blinded verification of the utility of ultrasound in patients with extremity injury should be done to determine if Extremity and Respiratory evaluation should be added to the FAST examination (the FASTER exam) and to verify the technique in remote locations such as military and aerospace applications.